

FORM **5060** (REV. Ë1-2008)

TO BE GIVEN TO YOUR CONTRACTOR

THE			(IILV. LI-2000)				
NAME OF EXEMPT ENTITY ISSUING THE CERTIFICATE		•	MISSOURI	TAX EXEMPTION	N NUMBER		
ADDRESS		CITY	'		STATE	ZIP	
BEGIN DATE FOR PROJECT	PROJEC	TED COMPLE	TION DATE	Р	PROJECT NUME	 BER	
	,	1					
DESCRIPTION OF PROJECT	l '						
PROJECT LOCATION			EXPIRATION	N DATE			
			/_	/			
THIS EXEMPTION DOES NOT APPLY TO THE PL	JRCHAS	SE OR REN				R TOOLS BY THE	
CONTRACTOR OR SUB-CONTRACTOR.							
Give a signed copy of this certificate, along with a							
and/or subcontractor who will be purchasing tan						ır responsibility to	
ensure the validity of the certificate. You must is:	sue a ne	ew certifica	ite if any of the	e information	changes.		
EXEMPT ENTITY'S AUTHORIZED SIGNATURE					DATE		
					,	/	
The Misseuri exempt entity named above bareby cut	horizoo t	ha nurahaa	a without color	tov of topoih	'		
The Missouri exempt entity named above hereby auti							
porated or consumed in the construction project ide							
under penalties of perjury that I employ no illegal or u		ized aliens	as defined und	er tederal law	and that I an	n not eligible for any	
tax exemption, credit or abatement if I employ such a	liens.						
NAME OF PURCHASING CONTRACTOR							
ADDRESS			CITY		STATE	ZIP	
Contractors present this to your sup	plier in	order to p	irchase the ne	cessary mate	erials tax ex	empt.	
NOTE: COMPLETE AND SIGN BOTTOM PO	ORTION	IF EXTEN	DING CERTIFIC	CATE TO YO	UR SUBCO	NTRACTOR.	
NAME OF PURCHASING SUBCONTRACTOR							
						1	
ADDRESS			CITY		STATE	ZIP	
SIGNATURE OF CONTRACTOR					DATE	•	
					/	1	